

**OFFICE OF LAWYERS PROFESSIONAL RESPONSIBILITY
COMPLAINT FORM**

Complainant's Name: _____

Address: _____

City, State, Zip Code _____

Telephone: Home: _____ **Work:** _____

Name of Lawyer: _____

Address: _____

City, State, Zip Code _____

Telephone: _____

Complaint (Please state what the lawyer did or failed to do which you feel is unethical.)
(If you need more pages, please attach them. Please also send copies of any documents
which would help explain or support your complaint.):

Signature of Complainant: _____

Date: _____

Please note: You may submit your complaint on a form similar to the one above or you may simply send a letter identifying the lawyer you are complaining against and provide the information requested on the above form in your letter. All complaints must be signed and mailed, delivered or faxed to the Office of Lawyers Professional Responsibility. Complaints sent by electronic mail will **not** be accepted.